

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

ADMINISTRATOR PERFORMANCE EVALUATION

FORM B*—GOALS AND OBJECTIVES OUTCOMES REPORT

Name of Employee
Being Evaluated (Evaluatee) _____

Title _____

Department/Location _____

Evaluation Year: From _____ Through _____

Name of Evaluator _____

Title _____

Check One: Annual Evaluation Comprehensive Evaluation

Directions: The Evaluatee will use the Form B—Outcomes Report to document and report progress on goals and objectives.

Forward a copy of the Goals and Objectives Outcomes Report at least two weeks prior to the Summary Conference Session. Use additional sheets, as needed.

Evaluatee Signature _____ Date _____

Evaluator Signature _____ Date _____

* To be completed two weeks in advance of Summary Conference Session.